



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1430  
 Alexandria, Virginia 22313-1430  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5508

<b>SERIAL NUMBER</b> 10/670,453	<b>FILING OR 371(c) DATE</b> 09/25/2003 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> END 5028
------------------------------------	-----------------------------------------------------------	---------------------	-------------------------------	----------------------------------------

**APPLICANTS**  
 William T. Donofrio, Cincinnati, OH;

**\*\* CONTINUING DATA \*\*\*\*\*** NONE ASC 8/7/06

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** NONE ASC 8/7/06

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* 12/22/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Donofrio</i> Initials <i>ASL</i>	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 31	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 3
------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------	-----------------------------	---------------------------	--------------------------------

**ADDRESS**  
000027777

**TITLE**  
Response testing for conscious sedation utilizing a cannula for support/response

<b>FILING FEE RECEIVED</b> 786	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	-------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------